

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000712

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 64

Primary Registration District No. 4111

Registrar's No. 1

STATE FILE NUMBER

FILED JAN 22 1962

1. PLACE OF DEATH

a. COUNTY Chariton

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Prairie Hill

Length of stay in lb

aprox 50 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Within villageInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Chariton

c. CITY OR TOWN Prairie Hill

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
noneReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
Wallace Yeaman McAdam4. DATE OF DEATH Month Day Year
Jan 13, 19625. SEX
male6. COLOR OR RACE
white7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
1/12/18889. AGE (last birthday)
74IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
merchant10b. KIND OF BUSINESS OR INDUSTRY
Auto supply11. BIRTHPLACE (City and state or country)
Chariton County, Mo.12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

John Portus McAdam

13b. MOTHER'S MAIDEN NAME

Hurt Gracie Naylor McAdam

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

John Eldon McAdam Address City Iowa

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Coronary thrombosis
Cardio renal disease
urine poisoning

INTERVAL BETWEEN ONSET AND DEATH

minutes
months
days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Influenza (weak)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year.

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1-8-1962 to 1-13-1962 and last saw him alive on 1-8-1962
Death occurred at Home 7:10 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

E. L. Eckhorn D.O.

22b. ADDRESS

114 W 2nd Salisbury Mo.

22c. DATE SIGNED

1-15-1962

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

burial

1/16/1962

23c. NAME OF CEMETERY OR CREMATORY

Salisbury City Cemetery Salisbury, Mo.

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

Chas. B. Winkelmeyer, Salisbury, Mo.

25. DATE RECD. BY LOCAL REG.

Jan. 15 - 1962

26. REGISTRAR'S SIGNATURE

Donald Berry for Oliver Dence

(Licensed Embalmer's Statement on Reverse Side)

JAN 23 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Chas B Winckelmeyer

Licensed Embalmer No.

3842

P. O. Address

Salisbury, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.